

**MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Virtual meeting
16 September 2020 (5.00 - 6.50 pm)**

Present:

COUNCILLORS

London Borough of Barking & Dagenham Peter Chand, Donna Lumsden and Paul Robinson

London Borough of Havering Nisha Patel and Ciaran White

London Borough of Redbridge Beverley Brewer, and Neil Zammett (Chairman)

London Borough of Waltham Forest Richard Sweden

Essex County Council Chris Pond

Epping Forest District Councillor

Co-opted Members Ian Buckmaster (Healthwatch Havering)

Also present:

Councillor Hannah Chaudhury,
Redbridge
Councillor Mohammed Khan,
Barking & Dagenham

The following officers were present:

Jane Milligan, North East London
Commissioning Alliance (NELCA)
Ceri Jacob, NELCA
Melissa Hoskins, NELCA
Don Neame, NELCA
Pippa Ward, NELCA
Dr Jagan John, Clinical
Commissioning Groups (CCGs)
Tony Chambers, BHRUT
Dr Magda Smith, BHRUT
Peter Hunt, BHRUT
Dr Heather Noble, Barts Health
NHS Trust
Laura Anstey, Barts Health NHS
Trust

Jacqui van Rossum, NELFT
Carol White, NELFT

37 CHAIRMAN'S ANNOUNCEMENTS

A minute's silent reflection was held in memory of former Redbridge Councillor Stuart Bellwood who had recently passed away. A number of tributes were paid to former Councillor Bellwood.

38 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (IF ANY) - RECEIVE.

Apologies were received from Councillor Umar Alli, Waltham Forest, Councillor Richard Sweden substituting.

39 DISCLOSURE OF INTERESTS

7. NELFT PROSTHETICS CENTRE - CHANGE OF LOCATION.

Councillor Richard Sweden, Personal. Was until recently managed by NELFT in his work role.

40 MINUTES OF PREVIOUS MEETING

The minutes of the meetings of the Joint Committee held on 28 January and 11 February were agreed as a correct record and signed by the Chairman.

41 ARRANGEMENTS FOR PUBLIC SPEAKING AND QUESTIONS

The Joint Committee agreed the amendments to its terms of reference that were proposed in the agenda papers, in order to clarify the position around public speaking and questions at its meetings.

42 COVID-19 UPDATE

The accountable officer for North East London Clinical Commissioning Group (CCGs) explained that work was in progress to prepare for the second wave of Covid-19 and the winter peak of demand on health services. Health systems were still in an emergency phase but plans were also being worked on to return to business as usual.

Work had been undertaken with Healthwatch to identify the lessons learnt from the pandemic as well as with partners such as primary care, social care and Council Public Health teams. Next steps would include working with colleagues to address the impact on areas such as outpatients and elective surgery. It was also wished to keep open channels of communication between Health bodies and Councils.

Regular primary care services were resuming with face to face GP appointments available where clinically appropriate. This would be emphasised in NHS communications and there would be a focus on people with long term conditions. A & E attendances were now rising again and were now at two thirds of pre-pandemic levels. It was important that people used the NHS appropriately.

The flu vaccine would initially be available to over 65s and those at risk but would be extended to the over 50s from November. Officers apologised for the increase in waiting times for blood tests. Work had been undertaken with NELFT in order to increase blood testing capacity for the area.

Covid testing in care homes had commenced at an early stage in North East London and named clinical leads had been established for care homes. PPE deliveries to care homes were also in place regularly.

Surgical hubs were working to restore patient services and it was accepted that waiting times had increased due to the backlog. Work was under way to try to reduce this.

Work at BHRUT included establishing 'green' patient pathways to allow Covid-free operations, principally at King George Hospital. Both A & E departments at the Trust were open as usual with emergency surgery being performed at Queen's. Paediatric in-patients were still treated at Queen's although overall numbers were low. This would only be for the pandemic period and was not intended to be a long term configuration.

Waiting lists at BHRUT were prioritised according to clinical need. Capital investment had been secured at Queen's Hospital to establish point of care testing in A & E and to expand the Rapid Assessment and Fast Treatment area. Investments had also been made at King George on the frailty unit and expanding the Urgent Treatment Centre as well as on improving wellbeing facilities for staff. It was hoped the new facilities at King George would be complete by the end of 2021. High volume elective services would take place at King George which would also retain its A & E.

Around 20% of BHRUT patients were from South West Essex with a small amount also from the Chigwell area.

It was accepted that there was some reluctance among GPs to see patients face to face but 39% of GP appointments across the three local boroughs were now being undertaken face to face. Officers were happy to take reports of areas where this was not available. Video and phone consultations were also available. There had sadly been some deaths of GPs due to Covid-19 and it was important that GPs remained safe whilst undertaking their work. There had been a rise in demand for GP care since children had returned to school. A representative from Healthwatch Havering remained concerned that people were not getting the required service from their GP, even allowing for Covid-19 issues.

Concern was raised over the considerably higher death rate from Covid-19 among people with learning disabilities and problems with the availability of Covid-19 testing. People requiring tests were being sent as far away as Leicester, even if local centres appeared empty. Officers agreed that the learning disabilities death rate was unacceptable and factors such as underlying conditions in this group had to be addressed more effectively. There had been a rise in demand for testing amongst the general population, even from people with no symptoms. The vast majority of tests were carried out within 10 miles of a person's home and more laboratory capacity would be made available over the next two months

Infection control support was being extended to patients with learning disabilities and officers could provide further details on these issues. A written briefing on the position with Covid-19 testing centres could also be supplied. A Member from Redbridge stated that he was happy with the way blood testing issues had been handled in Redbridge but there that there remained issues with those carried out at Whipps Cross Hospital.

Members requested more information on surgical hubs and an assurance that they met with the overall strategic objectives for the NHS locally.

It was noted that recent weeks had seen a rapid increase in the numbers of Covid-19 cases. Work had been undertaken to prepare high risk groups for any second wave. This included the BAME population, care home residents and people with diabetes or long term kidney disease. GPs had been asked to focus on patients who were at higher risk and were able to use hot clinics to get Covid-19 advice from hospitals. Regular contact was also in place between NHS staff and borough public health consultants.

Officers apologised for a previous communications error regarding the availability of blood testing at Whipps Cross. A phlebotomy service would also reopen at Wanstead Hospital from 21 September. Processes at Whipps Cross were similar to those being followed at BHRUT. Face to face outpatient appointments would recommence in the next week and a full emergency service was continuing. Phone and video consultations were also available for outpatients.

The surgical hub had been split between elective and emergency pathways with low complexity surgery taking place at Whipps Cross. Higher complexity surgery would take place at the Royal London and Barts Hospitals. Emergency surgery would also take place at Whipps Cross.

It was AGREED that a detailed written briefing should be supplied by NHS officers to the Joint Committee covering Covid-19 testing and death rates and treatment for people with learning disabilities as well as surgical hubs.

Members thanked officers for their input to the meeting.

43 **NELFT PROSTHETICS CENTRE - CHANGE OF LOCATION**

NELFT officers explained that the prosthetics service was provided on behalf of NHS England for a wide geographical area. The service was based at the Long Term Conditions Centre in Harold Wood but this was not a good quality building and had not been greatly updated since being built in the 1950s.

The building housed both a clinical and manufacturing facility and this needed to be the same on any new site. A suitable alternative site in the local area had not proved possible to identify and the Trust had therefore selected the Mayflower Unit in Billericay as the new location for the service. It was emphasised that it had not been viable to alter the existing Harold Wood building which was not fit for purpose due to infection control and health & safety issues.

The service aimed to supply reablement and rehabilitation and worked with patients to help them become independent. A multi-disciplinary team was available covering nursing, therapy, psychological support etc. A consultation on the move commenced in February 2020 and was originally to last 28 days. The Covid-19 pandemic had however meant that only emergency repairs and prostheses could be carried out and it was not wished to return staff to the Harold Wood building. Every patient using the service had been contacted as part of the consultation.

The new service was on course to open in Billericay in October 2020 and officers were happy for Members to visit the site if they wished. The new building had been designed in conjunction with service users.

A NELFT officer apologised for using the term 'moaning' when referring to feedback from service users. The new service would be fully compliant with the Veterans and Prosthetics reviews and a detailed brief would be brought to the Committee covering the Equalities Impact Assessment, travel issues and the carbon footprint.

A Member from Essex stated that the Billericay site was a more suitable location for Essex residents. Officers added that feedback from the Care Quality Commission was that the Harold Wood site could not be brought up to the required standard. A representative from Healthwatch stated the organisation was pleased that NELFT would cover any taxi fares for service users to the Billericay site.

The investment in the Mayflower site was within the NELFT capital budget. Officers were not aware of the plans for the former site in Harold Wood which was the responsibility of NHS Property. Details of relevant officers at NHS Property could be provided as well as the Equality Impact Assessment and information on travel times.

The Joint Committee noted the position.

44 **COMMITTEE'S WORK PLAN AND FUTURE MEETINGS**

It was agreed that future meetings of the Joint Committee for the remainder of the municipal year would start at 5 pm on the following dates:

Tuesday 15 December 2020

Tuesday 16 March 2021

A Member asked of details could be provided of the work of a medical company that had been offering its services locally.

Members asked if further scrutiny could be undertaken of the perceived imbalance in health resources between Inner and Outer North East London. It was suggested that the borough Public Health departments could be contacted to give their views on this, workloads permitting.

It was also suggested that issues of health inequalities could be scrutinised with particular emphasis on diabetes, mental health and obesity. This could also link with existing Public Health work on inequalities.

Chairman